

MINUTES OF THE PUBLIC HEALTH COUNCIL
MEETING OF SEPTEMBER 8, 2010
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**THE PUBLIC HEALTH COUNCIL OF
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Henry I. Bowditch Public Health Council Room, 2nd Floor
250 Washington Street, Boston, MA**

Updated Docket: Wednesday, September 8, 2010, 9:00 AM

1. ROUTINE ITEM: No Floor Discussion

Compliance with Massachusetts General Laws, Chapter 30A **(No Vote)**

2. REGULATION: No Floor Discussion

Request to Rescind Amendments to 105 CMR 590.000: State Sanitary Code, Chapter X: Minimum Sanitation Standards for Food Establishments, Requiring the Posting of Calorie Information **(Approval to Rescind)**

3. EMERGENCY REGULATION: No Floor Discussion

Request for Promulgation of Emergency Amendments to 105 CMR 170.000, Emergency Medical Services System, Regarding Paramedic Staffing **(Emergency Approval)**

4. PRESENTATION: No Vote/Information Only

"Body Mass Index of Students in Grades 1, 4, 7, and 10", by Dr. Lauren Smith, Medical Director, MDPH and Anne Sheetz, Director, School Health Program

5. PRESENTATION: No Vote/Information Only

"School Nutrition Bill and other Public Health Bills Passed in 2010 Legislative Session", by Dr. Lauren Smith, Medical Director, MDPH and Daniel Delaney, Legislative Director, MDPH

6. PRESENTATION: No Vote/Information Only

"Federal Health Care Reform and Public Health", by Monica Valdes Lupi, JD, MPH, Chief of Staff, MDPH

The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council's meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.

PUBLIC HEALTH COUNCIL

A regular meeting of the Massachusetts Department of Public Health's Public Health Council (M.G.L. c17,§§1,3) was held on September 8, 2010, 9:15 a.m., at the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts in the Henry I. Bowditch Public Health Council Room. Members present were: Chair, Mr. John Auerbach, Commissioner, Department of Public Health, Ms. Helen Caulton-Harris, Dr. John Cunningham, Dr. Michèle David, Dr. Muriel Gillick, Mr. Paul Lanzikos (arrived at 9:25 a.m.) Ms. Lucilia Prates Ramos (arrived at 10:10 a.m.) Mr. José Rafael Rivera, Mr. Albert Sherman (arrived at 9:20 a.m.) Dr. Alan Woodward and Dr. Barry Zuckerman. Absent members were: Mr. Denis Leary, Dr. Meredith Rosenthal, and Dr. Michael Wong. There is one vacancy. Also in attendance was Attorney Donna Levin, General Counsel.

Chair Auerbach announced that notice of the meeting had been filed with the Secretary of the Commonwealth and the Executive Office of Administration and Finance. He summarized the agenda of the day and noted that the meeting could begin with the arrival of our 8th member Dr. David securing a quorum.

REGULATION: REQUEST TO RESCIND AMENDMENTS TO 105 CMR 590.000: STATE SANITARY CODE, CHAPTER X: MINIMUM SANITATION STANDARDS FOR FOOD ESTABLISHMENTS, REQUIRING THE POSTING OF CALORIE INFORMATION:

For the record, the following members were present at the start of this docket item: Chair Auerbach, Ms. Caulton-Harris, Dr. Cunningham, Dr. David, Dr. Gillick, Mr. Rivera, Dr. Woodward, and Dr. Zuckerman. Mr. Sherman joined the meeting during the questions and answers period and voted on this regulation. Mr. Lanzikos and Ms. Prates Ramos were not present for this docket item.

Ms. Suzanne Condon, Director, Bureau of Environmental Health, accompanied by Attorney Priscilla Fox, Deputy General Counsel, Office of the General Counsel, explained the reason for the request to rescind these regulations to the Council. She noted, "...As the Council probably recalls, these regulations were adopted on May 13 2009 and scheduled to go into effect on November 1 of this year. Subsequent to that, on March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act, known as Federal Health Care Reform. Section 4-205 requires nutrition labeling of standard menu items at chain restaurants. The Federal Law also contained an explicit preemption clause, which invalidates any state law or regulations that were not identical to the Federal Law. Given the significant differences between the Federal Law and our final regulations, it was DPH's opinion that the regulations scheduled to go into effect on November 1st were preempted and should be rescinded. At the June Public Health Council Meeting, we notified the Public Health Council of our intent to proceed with a public hearing. We did hold a public hearing on July 21st of this year. No one attended and no written comments were received during the public comment period. We would like to request the Public Health Council's approval to move forward with rescission. If approval is received today, amendments will be published in the Massachusetts Register and we will inform the food industry and local boards of health that DPH will not be moving forward to implement the regulatory changes scheduled to go into effect in November."

Ms. Condon noted further that the FDA is required to at least propose regulations within one year of the Act's signing so by March of 2011 the FDA is supposed to be proposing regulations. She said that the Federal government is reaching out to the states for input on the regulations and that the Department has submitted comments.

A brief discussion followed by the Council, please see the verbatim transcript for full discussion. Mr. Albert Sherman arrived at the meeting during discussion at 9:20 a.m. Ms. Helen Caulton-Harris asked if the states would have the ability to strengthen the Federal regulations once they are implemented and Attorney Priscilla Fox, Deputy General Counsel indicated that no, the states would have to

make a specific request to the federal government but the idea is uniformity because the industry would much prefer to have a uniform standard across the country.

Council Member Muriel Gillick moved approval to rescind the regulations previously approved by the Council. After consideration, upon motion made and duly seconded, it was voted (unanimously) [Mr. Lanzikos and Ms. Prates Ramos were not present to vote] to approve the Request to **Rescind Amendments to 105 CMR 590.000: State Sanitary Code, Chapter X: Minimum Sanitation Standards for Food Establishments, Requiring the Posting of Calorie Information.** Supporting documentation is attached and made a part of this record as **Exhibit No. 14,955.**

REQUEST FOR EMERGENCY PROMULGATION OF EMERGENCY AMENDMENTS TO 105 CMR 170.000, EMERGENCY MEDICAL SERVICES SYSTEM, REGARDING PARAMEDIC STAFFING:

Dr. Alice Bonner, Director, Bureau of Health Care Safety and Quality, accompanied by Attorney Silva Cameron, Manager of Policy and Regulatory Development, Office of Emergency Medical Services, and Attorney Carol Balulescu, Deputy General Counsel and Director, Office of Patient Protection presented the emergency approval request to the Council.

For the record, Chair Auerbach reminded the Council Members that emergency regulations are temporary and voted on before the public hearing on these regulations are held but that the public hearing will occur prior to these regulations returning to the Council for a final vote. Mr. Paul Lanzikos arrived at the meeting at 9:25 a.m., just as Dr. Bonner began her presentation. Now there were ten Public Health Council Members present.

Dr. Alice Bonner noted that these regulations are brought before the Council as an emergency regulation because a legislative statute was passed which created a conflict between the existing regulations and the new statute, the Municipal Relief Act, part of chapter 188 which

was passed by the Legislature and signed by Governor Patrick on July 27, 2010. The Act was accompanied by an emergency letter signed by the governor that made the amendments effective immediately.

She described the functions of the Office of Emergency Medical Services (OEMS): "The functions of OEMS are to coordinate statewide Emergency Medical Services (EMS) activities, such as EMS communications, respond to large scale events and emergencies. We have regulatory standard setting and policy development, including statewide treatment protocols for Emergency Medical Technicians (EMTs), public information and education. We accredit EMS training institutions, provide assistance and support to EMS training institutions, provide assistance and support to EMS trainers, approve non-accredited EMT training courses, other types of courses, and test and certify EMTs at the basic, intermediate, and paramedic levels. We also inspect license ambulance services and certify the vehicles. We provide technical assistance and guidance to ambulance services. We review and approve local EMS service zone plans. Those are emergency plans on how people coordinate with other local towns and municipalities. We investigate complaints and take enforcement action as needed against EMTs, ambulance services and others."

Dr. Bonner continued, "This Act added new minimum staffing levels, staffing standards for paramedic level ambulances to the EMS statute. It said that two EMTs, only one of whom must be a paramedic in accordance with Department regulations, is the new requirement. As opposed to the previous regulations that said two paramedics were required...Our current regulations have a minimum staffing standard for paramedic ambulances of two EMTs, both of whom must be a paramedic, unless the ambulance service obtained a waiver from OEMS, and right now 134 out of 198 paramedic ambulance services do operate under the staffing waiver. It's already between 60 and 70 percent within the state. There is a lot of regional variation...This is a minimum staffing requirement. It does not mean that, in certain cases, if there's two paramedics required, that the ambulance service would not provide that...We are looking to amend the regulatory staffing minimums to conform to the new statute and we are specifying standardized conditions to protect

public health and safety. Massachusetts is the only state that's looking to set certain criteria around this staffing minimum, and we are drawing this based on conditions we have always used for our staffing waiver program."

Dr. Bonner noted that staffing requirements are determined at dispatch and if for instance, there is a motor vehicle accident requiring two paramedics then two would be sent to the scene. She said a quality assurance system would be in place at OEMS, an electronic trip record system (MATRIS) and that the same conditions that apply now to our waiver programs would be required and evaluated over time. In closing, she said that the regulations and statute need to match and conform and that they would be back after the public hearing is held to receive public comment and for Council's final approval.

A discussion followed; please see the verbatim transcript for full discussion. Dr. Alan Woodward said in part, "It is a political issue, a cost and quality issue. The hope is that we can try and maintain quality, and I think there's a good effort here with these standards that we had before, maybe we need to think about how we tighten that up, but I hope this will drive the process and the discussion of regionalization of service..." Mr. Lanzikos asked about the data collection and analysis and Dr. Bonner said that the MATRIS system will collect the data needed for analysis.

Chair Auerbach summarized, "I think that the comments have really highlighted that there are many complicated issues involved in emergency medical services. I would remind the Council that what we are doing here is, we are simply acknowledging the fact that the Legislature has decided this issue. This is not an issue that we have the ability to overrule or to take a different plan on. We have to simply put in place a very clear directive to have regulations that are consistent with what the legislation said...It has gone into effect already, as the law and the ambulance companies are following the legal change."

Attorney Silvia Cameron responded to questions by the Council. She explained that "...the legislation simply inserted a minimum staffing standard for paramedic ambulances ... and the Department's regulations just lay out the conditions that a service has to meet in order to staff that way..." She noted that waivers will be eliminated with this new legislation because they are not needed; the statute states the statewide standard. It was noted that the new MATRIS system should be in place by the end of the year.

Dr. Alan Woodward moved approval of the emergency regulation. After consideration, upon motion made and duly seconded, it was voted unanimously [Ms. Lucilia Prates Ramos not present to vote] to approve the Request for **Promulgation of Emergency Amendment to 105 CMR 170.000, Emergency Medical Services System, Regarding Paramedic Staffing** and that a copy of the emergency regulation be attached and made a part of this record as **Exhibit No. 14,956**. The regulations will return to the Public Health Council after the public hearing/comment period for a final vote.

PRESENTATION: "BODY MASS INDEX OF STUDENTS IN GRADES 1, 4, 7, AND 10", BY DR. LAUREN SMITH, MEDICAL DIRECTOR, MDPH AND ANNE SHEETZ, DIRECTOR, SCHOOL HEALTH PROGRAM:

Chair Auerbach noted in part, "...Dr. Smith and Ms. Sheetz will be presenting the information that has resulted from the implementation of the regulation that the Council passed last year, regarding the requirement that Body Mass Index measures are taken of school children throughout Massachusetts in certain grades..."

Ms. Sheetz began the presentation. She said in part, "...I am going to present some preliminary data on Body Mass Index that we obtained from our Central School Health Service Programs. Body Mass Index is a screening tool...we are using and other states have used to determine a child's weight and height and overall general health. It calculates the height, weight, age and gender. BMI is the weight divided by the height squared and the BMI for age percentile

is used to look at comparative figures....The underweight is less than the fifth percentile. Healthy weight is the fifth percentile to less than the 85th percentile. Overweight is eighty-fifth to less than the 95th percentile, and obese is equal to or greater than the 95th percentile. The Healthy 2010 goal was to reduce childhood obesity rates to 5% or less."

Ms. Sheetz noted that the Department began the BMI calculations a number of years ago through the School Health Service Programs in 1993 through an RFR. All of the programs required a qualified school nursing leader, strong policies on tobacco control, every child to be linked with a primary care provider and health insurance. In 2008, another RFR was done called the Essential School Health Service Requirements which required the implementation of a wellness policy, physical activity, a nutrition policy and implementation of BMI screening for grades 1, 4, 7 and 10, and coordination with local primary care providers, and mandate the School Health Advisory Committee, a wellness committee which is now mandated in the School Nutrition Bill. They recommend that boards of health, primary care providers, faith-based organizations, police etc. participate in these committees. The committees meet quarterly and advise on all health issues.

She summarized that in the Essential School Health Programs, BMIs were optional from 2004 until 2007 but added requirements to do BMI in 2008 so the Department has data on a 109,674 students who were screened in FY 2009 and more will report in for FY2010. The regulations were passed for all schools in 2009 and BMI screenings required by law in 2010. Parents or guardians can opt out of the BMI screenings for their children but not many have. Confidential reports and educational materials are sent to the participating children's parents/guardians though a letter or the school computer system. There is on-line training for the nurses through the Northeastern School Health Institute. The educational materials and guidelines for parents are also available on the school web sites. Ms. Sheetz noted that they focus on health rather than weight.

Dr. Lauren Smith, Medical Director, presented the BMI data from the School Health Division. The data is broken down by city/town for 80 Central School Health Districts (represents almost 110,000 students or 35-38% of the students in grades 1, 4, 7 and 10). She said "It represents a good chunk of students in those grades and we think it gives a good snapshot of where our kids are in those grades."

She noted, "Sixty-three percent were in the healthy weight category in terms of BMI percentiles for age. About 17% were overweight, 17% were obese so that is over a third of our children overweight or obese. And about 2 ½ percent were underweight across all towns." Dr. Smith noted that there was significant variation in the rates of overweight and obesity across these 80 school districts, ranging from a low of 9.6% to a high of 46.6%. The data showed that for these four grades a higher percentage of females are in the healthy weight category than males. It was noted that this is aggregate data and no one but a parent or guardian will get data for an individual student.

Dr. Smith noted the key stakeholders that could use this data: people in school settings, the superintendents, the principals, the school committees, the wellness committees, athletic directors, food service personnel, and outside the school setting, the local boards of health, municipal leadership, municipal and regional planners and municipal wellness grant recipients.

She noted further, "The idea that the kids are going to grow out of this is unlikely to be the way that we are going to sort of get ourselves out of this problem...This reflects a pattern of opportunities for healthy nutrition, physical activities for these students, both in school and outside...We are hoping that the release of this data, at the community and town level will provide information for towns that want to make changes in what the community offers for their students."

Dr. Smith stated for the school year 2009/2010 they have the data from 120 school districts. By the end of June, all public schools should report this data. "Over time, certainly over the next several years, this will give us incredibly detailed data for these individuals to

be able to use for incorporating into their healthy planning for their communities.”

Chair Auerbach noted appreciation to Ms. Sheetz, Dr. Smith and the central school district nurses and all the nurses who piloted this work throughout the Commonwealth, who were at the same time were responding to H1N1.

A brief Discussion followed by the Council. Please see the verbatim transcript for the full presentation and discussion. The Council discussed making sure all cultural groups were invited to the table including farmers, and using the media to get the correct message out there to people, the success stories. In closing, Ms. Sheetz said, “This isn’t just a school issue. BMI is a tiny piece of looking at a huge issue in our population and there are so many things that can be done. One of the programs that look particularly good has done a lot with bicycle trails, walk-to-school programs, sidewalks. Sidewalks are a big thing and farmer’s markets. We did it for tobacco; we can do it for this.”

Dr. Alan Woodward asked staff to “come back and talk about strategies that communities can use because this points out the incredible opportunity that exists as much as the horrific disparity that exists.”

NO VOTE/INFORMATION ONLY

PRESENTATION: “SCHOOL NUTRITION BILL AND OTHER PUBLIC HEALTH BILLS PASSED IN 2010 LEGISLATIVE SESSION”, BY Dr. LAUREN SMITH, MEDICAL DIRECTOR, MDPH AND DANIEL DELANEY, LEGISLATIVE DIRECTOR, MDPH:

Mr. Daniel Delaney, Legislative Director, DPH began the presentation and some excerpts of his presentation follow:

“...In the past couple of years, over 8400 separate pieces of legislation were filed on issues ranging from alcohol taxes to zoo

signage, and just about everything in between. As of September 1st, there were 330 bills that were enacted into law. That is a passage rate of about 4% and is not atypical for a legislative session."

"We started tracking 523 bills that were relevant to the Department in January. Forty-two of those bills related to Public Health and health care and became law (and two additional bills were signed into law yesterday regarding Vital Records and Community Health Workers). These bills that are relevant to the Department represent about six percent of the bills filed. Therefore, the Department has a high percentage of the activity in the legislation that is passed and addressed during the year. There are a lot of things that are Public Health relevant. Eighteen of these bills were passed just in the last month of August...and a lot of these bills came with emergency preambles which means that they are effective immediately as opposed to the standard 90 days lag time...There is a lot of compression that we are facing and that is both from the context of and at the end of a legislative session and in a very active election year. What we have in front of us is not typical in terms of the demands being placed on the Department and the Council particularly given the time frame."

"The new mandates include 18 distinct sets of regulations for the Public Health Council to promulgate. There are also nine brand new commissions for the Department to convene, staff and/or participate in, depending on the language in the new bills. In addition, there are 13 new studies and/or reports for the Department to issue and that is in addition to what we do sort of year in and year out as part of our regular business. It is worth mentioning that none of these mandates have come with either additional funding or dedicated funding. So it is going to be a challenging session."

Mr. Delaney noted some of the areas the new mandates address and that many of them require new regulations by Public Health Council: Immunization Registry; Expedited Partner Therapy; Cognitive and Functional Impairments Relevant to Operating a Motor Vehicle; Head Injuries and Concussions in Interscholastic Sports; Postpartum Screening reporting by providers and carriers; EMT Staffing on

advanced life support ambulances; Prescribing privileges for nurse anesthetists; School nutrition and childhood obesity; Substance Abuse services discharge plans; Standard Quality Measures for health care; and the Office of Patient Protection insurance enrollment waivers. During discussion, Council Member Paul Lanzikos suggested that DPH consult with MIT's Age Lab in Cambridge regarding the cognitive or functional impairments that are likely to affect a person's ability to operate a motor vehicle.

Dr. Lauren Smith presented An Act Relative to School Nutrition (Chapter 197) and some excerpts follow:

"The main four components of the bill include the establishment of Nutritional Guidelines for Competitive Foods in public schools...It requires the Department to issue regulations to promote School Wellness Advisory Committees, requires training of public school nurses in screening and referral for obesity, diabetes and eating disorders and establishes a Commission on School Nutrition and Childhood obesity."

"Competitive Foods are defined as all foods and beverages that are not part of the school breakfast and school lunch programs so that includes what is in the a la carte lines, what is in school stores, snack bars, vending machines, and sold at concession stands. The legislation specifically excludes non-sweetened carbonated water."

Dr. Smith noted that the Department of Public Health is responsible for establishing the nutritional standards and updating them every five years in collaboration with the Department of Elementary and Secondary Education. The nutritional standards are to be based on recommendations from HHS, USDA, AHA, IOM, School Nutrition Association of MA, and the American Dietetic Association. Specific requirements include that plain potable water be available during the school day at no cost to the students, that wherever food is sold, that fresh fruits and non-fried vegetables must be offered (except vending machines) and that nutritional information is provided on non-prepackaged foods. Friolators are prohibited for the preparation of

these foods and the food must meet state and federal food safety requirements.

Dr. Smith noted further the statute stipulates that the competitive food standards are equal to or less than 200 calories per portion; equal to or less than 35% of calories from fat and less than 10% of calories from saturated fat and no trans fats; sugar content be equal to or less than 35% of total calories; and that yogurt be equal or less than 30 g/8oz; and for sodium content, contains equal to or less than 200 mg/portion. Exceptions to this mandate are food/beverages sold up to 30 minutes before or 30 minutes after the school day. However, school districts may choose to apply standards beyond this time frame; and DPH may decide on exceptions for booster sales, concession stands and school sponsored or school-related fundraisers and events.

In closing, Dr. Smith noted that DPH is required to assist the Department of Elementary and Secondary Education (DESE) in the implementation of these standards including training for nutrition and food service staff and food service directors; and to assess the school's capacity to prepare these recommended foods. Further, DPH will work with DESE to issue regulations on the School Wellness Committees.

Chair Auerbach noted that the Department will complete these mandated regulations and provide the Council with high quality drafts and said in part "...In the context of 300 fewer employees than we had several years ago and a hundred million dollars less in our budget. We are actively engaged in developing these materials now and are drawing in all kinds of experts but it is a challenge in a context where we have to continue to do what we were doing before...It will be a busy agenda for the Department and the Council in the coming months."

Chair Auerbach noted further that regarding Mr. Lanzikos observation about the high percentage of bills that affect the Public Health Department. He said, "...It reflects the Legislature's high regard of the Public Health Council and it's ability to come-up with thoughtful,

well-crafted regulations....the Legislature feels like it doesn't have to work out all the details they know the Council is going to make sure that this is considered very fairly, that there is an open process and that the expertise that is represented on the Council will help to resolve a particularly challenging problem." Council Member Dr. Michèle David added, "I would also like to see that high regard for the expertise reflected in the budget because I feel that our budget costs are disproportionately higher than other departments..."

NO VOTE/INFORMATION ONLY

PRESENTATION: "FEDERAL HEALTH CARE REFORM AND PUBLIC HEALTH" BY MONICA VALDES LUPI, JD, MPH, CHIEF OF STAFF, MDPH:

Attorney Monica Valdes Lupi described the work of the Department in regard to the Federal Health Care Reform Bill, the Patient Protection and Affordable Care Act (PPACA) and its relevance to the Council and the Department.

She noted how the Massachusetts Health Care Reform bill served as a framework for the PPACA legislation and through this bill an additional 32 million people will be covered under insurance, primarily through premium subsidies and Medicaid expansion. Some excerpts from her presentation follow:

"Under the new law, there is a creation of a National Prevention, Health Promotion and Public Health Council to coordinate Prevention and Wellness practices at the Federal level. The Council will work with partners across government and across states to develop a national strategy, or a blueprint, for improving health through prevention and public health programs. There is also specific language around the expansion of oral health programs, expansion of funding dedicated for epidemiology and laboratory capacity grants for public health emergencies. We are now in active discussions with partners around CDC funding to support community transformation grants for state and local government agencies, which will help support some of the work that the Public Health Council has been

directly involved with around Wellness and Mass in Motion. These are funds that will support policy or environmental changes to support healthy eating and physical activity in our communities.”

“There is a demonstration program that has been established to provide recommended vaccines to additional children, adolescents and adults, a reauthorization of Section 317 immunization funds...Additionally, under the Prevention and Wellness categories, sections specifically mandate collection of data on health disparities and in Massachusetts will work with partners in Lowell and Boston to document and tease out the contributing factors around racial and ethnic health disparities. It incentivizes employer-based wellness programs and also there are funds targeted to support childhood obesity programs and as well as creating the National Diabetes Prevention Program....Health Care Workforce Development dollars that have been released have really been focused on addressing workforce development recruitment, retention, career ladders among clinical providers, including primary care providers, nurses, and mental health clinicians.” She noted that the funds that will support a Public Health Workforce recruitment and retention program for providing loan repayment to Public Health professionals in exchange for service at state, local or tribal health departments have not been released yet. She further noted that further down the pipeline there should be mid-career training funds for Public Health professionals, creation of a new Health Career Workforce Commission at the national level to help disseminate the information on Health Care Workforce supply and demand, training and retention and best practices; additional funds to support primary care, geriatric, oral health and psychiatric health professionals and a new state program to support early childhood home visitation under HRSA.

“In Massachusetts, the Governor has designated Secretary Bigby as the lead for all of the PPACA-related implementation activities. The Secretary has convened a multi-agency, cross-secretariat group to work on the different sections. This forty-member working group has been further divided into five separate groups focused on Business, Insurance Reform, Long Term Care - Behavioral Health, CommCare/MassHealth and a Health Care Workforce Development Group...The

project manager for this workgroup is Commonwealth Medicine who is maintaining a database to monitor the progress of the work groups and report on their activities.

Ms. Valdes Lupi spoke about the DPH submitting in 2009 close to a hundred grant applications and in 2010 they will be close to exceeding that amount. She thanked the Department team that includes Geoff Wilkinson, Donna Levin and Ed Dyke for helping with the implementation and writing of the grants and their community partners: local public health departments, community health centers, provider groups, health advocates and other state agencies within the EOHHS secretariat for helping with the grants.

NO VOTE/INFORMATION ONLY

Follow-up Actions:

- Have Staff come back to discuss strategies to defeat obesity (Woodward to Sheetz, Smith)

LIST OF DOCUMENTS PRESENTED TO THE PHC FOR THIS MEETING:

❖ Docket of the meeting

(1) Copy of Letters of meeting notice to A&F and Secretary of the Commonwealth

(2) Staff Memorandum dated September 8, 2010 and Appendix A, proposed amendments to be deleted/rescinded regarding 105 CMR 590.000

(3) Staff Memorandum dated September 8, 2010 and Emergency Amendments to 105 CMR 170.000, regarding EMS, Paramedic staffing

(4) Copy of Report: "The Status of Childhood Weight in Massachusetts, 2009: Preliminary Results from Body Mass Index Screening in 80 Essential School Health Districts, 2008-2009 (Release date September 2010) and PowerPoint Slides on Body Mass Index Presentation

(5) Copy of PowerPoint Slides on Nutrition Bill and Other PH Bills passed in 2010

(6) Copy of PowerPoint Slides on Federal Health Care Reform Presentation

The meeting adjourned at 11:35 a.m.

John Auerbach, Chair

LMH